Courtyard Chiropractic Health Centre

2863 Ellesmere Road, Suite 318
Toronto ON M1E 5E9
In the Dr.'s Offices of the Court Centenary Site of Scarborough and Rouge Hospital, SW corner of Ellesmere and Neilson Road

Self Assessment Form

416-724-7888 courtyardchiro.com

Name	Date

	Location 1	Location 2
Where are your symptoms?		
On a scale of 1-10, how intense is it now? (10 = worst)		
When did it start? Approximate date?		
How did it start? After or during which activities or events. Please describe.		
Have you had it before? If so, when?	☐ No ☐ Yes	☐ No ☐ Yes
For this episode, how often does it bother you/notice it? **CHECK ONLY ONE**	☐ Constantly ☐ Daily ☐ Most days ☐ 2-3/week ☐ 1/week ☐ 1/month ☐ Other: _____	☐ Constantly ☐ Daily ☐ Most days ☐ 2-3/week ☐ 1/week ☐ 1/month ☐ Other: _____
What does it feel like? **CHECK ALL THAT APPLY**	☐ Shooting ☐ Sharp ☐ Stabbing ☐ Dull ache ☐ Spasm ☐ Tension ☐ Throbbing ☐ Other: _____ ☐ Numb ☐ Tingling ☐ Burning	☐ Shooting ☐ Sharp ☐ Stabbing ☐ Dull ache ☐ Spasm ☐ Tension ☐ Throbbing ☐ Other: _____ ☐ Numb ☐ Tingling ☐ Burning
Does it travel from one place to another in your body?	☐ No ☐ Yes, describe where:	☐ No ☐ Yes, describe where:
What positions or activities make it feel worse? Sleep, work, etc.		
What positions or activities make it feel better? Stretch, walk, rest, stand, sit, etc.		
Have treatment, home care or other interventions helped? Please describe.	☐ No ☐ Yes	☐ No ☐ Yes

Please help your CCHC team help you, let us know how by checking all that apply

☐ Home exercise programs
☐ Massage therapy
☐ Custom orthotics
☐ Mindset workshops
☐ Compression stockings
☐ Online community
☐ Nutrition workshops
☐ Ergonomic tools/recommendations
☐ Supplement assessment and recommendations
☐ Support you in referring family, friends and/or co-workers
☐ Other _____

On a scale of 1-10, how happy are you so far with your CCHC experience? (10 = best)

I have stated all conditions that I am aware of accurately and will inform CCHC of any changes to my contact information and status. All information on this form is strictly confidential and will become part of your chiropractic record. For more information, please refer to our Privacy Policy or contact us for more details.

To avoid paying late cancellation and missed appointment fees, please provide the required notice:
Initial Assessments: 48 hours required | **Subsequent Visits:** 24 hours required